

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DEACONESS Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME REV. LOUIS F. KURZ

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife IDA KURZ 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased FEB. 9 1881  
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 6 If less than one day hr. min.

9. Birthplace SIGURNEY IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation MINISTER

11. Industry or business EVANGELICAL CHURCH

12. Name DAVID KURZ

13. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Prosten King

(b) Address Kitterson Field, Fairfield Ohio

17. (a) Removal Removal (b) Date thereof Oct. 15 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Addieville Illinois

18. (a) Signature of funeral director Mrs W. L. Lumbuehler

(b) Address Addieville Illinois

19. (a) OCT 17 1943 (b) J. P. Brudack  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County WASHINGTON  
(c) City or town ADDIEVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1940 to Date 1943  
that I last saw him alive on Oct 14 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of cervical spine cord Duration 3 days

Due to Primary tumor of kidney pelvis (adenocarcinoma?) 2 yrs

Due to with generalized metastasis Primary site - kidney

Other conditions (Include pregnancy within 3 months of death) 52

Major findings: Of operations 52 PHYSICIAN

Of autopsy Same as above Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Blair Roberts (M. D. or other) MD  
Address 3723 S. Langley Ave Date signed 10/15/43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed:

*William J. Lyons*

Licensed Embalmer No.

*4319*

P. O. Address

*St Louis Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**